

STATE OF NEW YORK
BOARD OF ELECTIONS DISCLOSURE STATEMENT – COVER PAGE

ELECTION YEAR	FILER ID	STATEMENT NUMBER FROM BELOW**	STATEMENT PERIOD DATES FROM / / TO / /
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IDENTIFICATION

YOU MUST TYPE OR PRINT LEGIBLY IN BLACK OR BLUE INK

Full name of Filer _____

Mailing Address of filer – number and street _____

City _____ State _____ Zip _____

☐ CHECK BOX IF MAILING ADDRESS HAS CHANGED SINCE LAST REPORT
[all committees must file amended CF-02,03, and 16]

COMMITTEE TREASURER NAME (LAST) _____ (FIRST) _____

IS THIS COMMITTEE AUTHORIZED BY THE CANDIDATE? ☐ YES ☐ NO

OFFICE/DISTRICT/CANDIDATE BEING SUPPORTED _____

STATEMENT IS BEING FILED BY:

- | | |
|--|--|
| <input type="checkbox"/> Party Committee | <input type="checkbox"/> Constituted Committee |
| <input type="checkbox"/> Candidate | <input type="checkbox"/> Political Committee |
| <input type="checkbox"/> Housekeeping Account Only | <input type="checkbox"/> PAC |

TYPE OF REPORT

**** CHECK ONE BOX AND INDICATE STATEMENT NUMBER ABOVE**

- | | |
|---|--|
| 1 <input type="checkbox"/> 32 day Pre Primary | 7 <input type="checkbox"/> 32 day Pre Special |
| 2 <input type="checkbox"/> 11 day Pre Primary | 8 <input type="checkbox"/> 11 day Pre Special |
| 3 <input type="checkbox"/> 10 day Post Primary* | 9 <input type="checkbox"/> 27 day Post Special* |
| 4 <input type="checkbox"/> 32 day Pre General | 10 <input type="checkbox"/> Periodic Jan. 15, 20____ |
| 5 <input type="checkbox"/> 11 day Pre General | 11 <input type="checkbox"/> Periodic July 15, 20____ |
| 6 <input type="checkbox"/> 27 day Post General* | 12 <input type="checkbox"/> 24 hour notice |

* Campaign material or a disclaimer must be submitted with Post-Election statements.

- ☐ Termination Report (you cannot terminate if any funds or debts remain)
- ☐ Amendment Report Date of original report ____/____/____
- ☐ Treasurer Resignation Report: Copy of letter of resignation attached.

VERIFICATION

Must have original signature – sign in black or blue ink only

I state that the information contained in this statement is in all respects true and complete to the best of my knowledge, information and belief

Name – Print or type _____

Signature _____

Title _____

Date Signed _____

Phone number _____

ANY FALSE INFORMATION IN THIS STATEMENT MAY BE A CLASS A MISDEMEANOR, PUNISHABLE BY A FINE AND/OR UP TO ONE YEAR IMPRISONMENT, PURSUANT TO SECTION 210.45 OF THE PENAL LAW. FOR FURTHER INFORMATION, CONTACT THE NEW YORK STATE BOARD OF ELECTIONS OR YOUR COUNTY BOARD OF ELECTIONS.

FOR INFORMATION ON COMPLETING THIS FORM CALL 1-800-458-3453

STATEMENT INVENTORY

	NUMBER OF PAGES	SCHEDULES AMENDED
INDIVIDUAL/PARTNERSHIP CONTRIBUTIONS (SCH. A)		
CORPORATE CONTRIBUTIONS (SCH. B)		
ALL OTHER CONTRIBUTIONS (SCH. C)		
IN-KIND CONTRIBUTIONS/OTHER RECEIPTS (SCH. D/E)		
EXPENDITURE PAYMENTS (SCH. F)		
TRANSFERS IN/OUT (SCH. G/H)		
LOANS RECEIVED/PAID (SCH. I/J)		
LIABILITIES/LOANS FORGIVEN (SCH. K)		
EXPENDITURE REFUNDS/CONTRIBUTIONS REFUNDED (SCH. L/M)		
OUTSTANDING LIABILITIES (SCH. N)		
PARTNERS/SUBCONTRACTS (SCH. O)		
HOUSEKEEPING RECEIPTS (SCH. P)		
HOUSEKEEPING EXPENSES (SCH. Q)		
SUMMARY/STATUS REPORT		

IN-LIEU-OF STATEMENT

☐ I state that I am a candidate or a treasurer of an authorized committee which supports only one candidate, and at the close of this reporting period neither the total receipts nor the total expenditures of this campaign have exceeded one thousand dollars.

MONETARY CONTRIBUTIONS/Individual & Partnerships Schedule A

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /	PAGE ____ OF ____	
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
TOTAL THIS PAGE			\$	

CODE:

CAN = CANDIDATE/CANDIDATE SPOUSE

IND = INDIVIDUAL

FAM = FAMILY MEMBER: SEE INSTRUCTIONS

PART = PARTNERSHIP: Partnerships which contribute over \$2500.00 total, must further define in Schedule O.

Complete this summary on your last page only!

①	TOTAL ITEMIZED CONTRIBUTIONS	\$
②	TOTAL UNITEMIZED CONTRIBUTIONS	\$
③	Schedule Total	\$

MONETARY CONTRIBUTIONS/Corporate Schedule B

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /			PAGE ____ OF ____
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
	CITY - STATE	ZIP		\$	\$
			TOTAL THIS PAGE	\$	

Complete this summary
on your last page only!

①	TOTAL ITEMIZED CONTRIBUTIONS	\$
②	TOTAL UNITEMIZED CONTRIBUTIONS	\$
③	Schedule Total	\$

MONETARY CONTRIBUTIONS/All Other Schedule C

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES			PAGE
		FROM / / TO / /			____ OF ____
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET APT				
	CITY - STATE ZIP				
				\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET APT				
	CITY - STATE ZIP				
				\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET APT				
	CITY - STATE ZIP				
				\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET APT				
	CITY - STATE ZIP				
				\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET APT				
	CITY - STATE ZIP				
				\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET APT				
	CITY - STATE ZIP				
				\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET APT				
	CITY - STATE ZIP				
				\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET APT				
	CITY - STATE ZIP				
				\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET APT				
	CITY - STATE ZIP				
				\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET APT				
	CITY - STATE ZIP				
				\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET APT				
	CITY - STATE ZIP				
				\$	\$
			TOTAL THIS PAGE	\$	

Complete this summary
on your last page only!

①	TOTAL ITEMIZED CONTRIBUTIONS	\$
②	TOTAL UNITEMIZED CONTRIBUTIONS	\$
③	Schedule Total	\$

IN-KIND CONTRIBUTIONS Schedule D

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /	PAGE ____ OF ____
DATE RECEIVED	NAME	TYPE CODE:	
	STREET APT	\$	
CNTRB CODE:	CITY - STATE ZIP	DESCRIPTION	
DATE RECEIVED	NAME	TYPE CODE:	
	STREET APT	\$	
CNTRB CODE:	CITY - STATE ZIP	DESCRIPTION	
DATE RECEIVED	NAME	TYPE CODE:	
	STREET APT	\$	
CNTRB CODE:	CITY - STATE ZIP	DESCRIPTION	
DATE RECEIVED	NAME	TYPE CODE:	
	STREET APT	\$	
CNTRB CODE:	CITY - STATE ZIP	DESCRIPTION	

CONTRIBUTOR CODE:

CAN = CANDIDATE/ CANDIDATE SPOUSE

FAM = FAMILY MEMBERS (SEE INSTRUCTIONS)

CORP = CORPORATE

IND = INDIVIDUAL

PART = PARTNERSHIP

COM = COMMITTEE

CONTRIBUTION TYPE CODE:

1 = SERVICES/FACILITIES PROVIDED

2 = PROPERTY GIVEN

3 = CAMPAIGN EXPENSES PAID

TOTAL THIS PAGE	\$
TOTAL ITEMIZED CONTRIBUTIONS	\$
TOTAL UNITEMIZED CONTRIBUTIONS	\$
SCHEDULE TOTAL LAST PAGE ONLY	\$

OTHER RECEIPTS Schedule E

DATE RECEIVED	NAME	<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET APT		\$
	CITY - STATE ZIP		
DATE RECEIVED	NAME	<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET APT		\$
	CITY - STATE ZIP		
DATE RECEIVED	NAME	<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET APT		\$
	CITY - STATE ZIP		
DATE RECEIVED	NAME	<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET APT		\$
	CITY - STATE ZIP		

TOTAL THIS PAGE	\$
TOTAL ITEMIZED RECEIPTS	\$
TOTAL UNITEMIZED RECEIPTS	\$
SCHEDULE TOTAL LAST PAGE ONLY	\$

EXPENDITURE/PAYMENTS Schedule F

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES		PAGE
		FROM / / TO / /		OF
		DO NOT report Transfers Out:		
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
TOTAL THIS PAGE				\$

Expenditure Purpose Codes			
CMAIL	Campaign Mailings	POLLS	Polling Costs
CONSL	Campaign Consultant *	POSTA	Postage
CONSV	Constituent Services	PRINT	Print Ads
CNTRB	Political Contributions	PROFL	Professional Services *
FUNDR	Fundraising	RADIO	Radio Ads
LITER	Campaign Literature	RENTO	Office Rent
OFFCE	Office Expenses	TVADS	Television Ads
OTHER	Other: Must Provide Explanation	VOTER	Voter Registration Materials or Services
PETIT	Petition Expenses	WAGES	Campaign Workers' Salaries
INT	Interest Expense		

Complete this summary on your last page only!

①	TOTAL ITEMIZED EXPENDITURES	\$
②	TOTAL UNITEMIZED EXPENDITURES	\$
③	Schedule Total	\$

* Sub Contractors must be further defined in Schedule O – See Instructions

**Receipts from Party Committee and other committees
authorized solely for this candidate**

(TRANSFERS IN) Schedule G

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /		PAGE ____ OF ____
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DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET APT	1 <input type="checkbox"/>	
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$

DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET APT	1 <input type="checkbox"/>	
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$

DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET APT	1 <input type="checkbox"/>	
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$

DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET APT	1 <input type="checkbox"/>	
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$

DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET APT	1 <input type="checkbox"/>	
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$

TYPE 1 – Party/Constituted Committees TYPE 2 – Committee Solely Supporting Same Candidate	NOTE: DO NOT REPORT FUNDS RECEIVED FROM INDEPENDENT COMMITTEES OR COMMITTEES AUTHORIZED BY A DIFFERENT CANDIDATE AS A TRANSFER. THESE RECEIPTS MUST BE REPORTED AS A CONTRIBUTION ON SCHEDULE C.		TOTAL THIS PAGE	\$
			SCHEDULE TOTAL Last Page Only	\$

**Payments to Party Committee and other committees
authorized solely for this candidate**

(TRANSFERS OUT) Schedule H

DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET APT	1 <input type="checkbox"/>	
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$

DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET APT	1 <input type="checkbox"/>	
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$

DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET APT	1 <input type="checkbox"/>	
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$

DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET APT	1 <input type="checkbox"/>	
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$

DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET APT	1 <input type="checkbox"/>	
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$

TYPE 1 – Party/Constituted Committees TYPE 2 – Committee Solely Supporting Same Candidate	NOTE: DO NOT REPORT FUNDS PAID TO INDEPENDENT COMMITTEES OR COMMITTEES AUTHORIZED BY A DIFFERENT CANDIDATE AS A TRANSFER. THESE PAYMENTS MUST BE REPORTED AS A PAYMENT ON SCHEDULE F.		TOTAL THIS PAGE	\$
			SCHEDULE TOTAL Last Page Only	\$

LOANS RECEIVED Schedule I

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES	PAGE
		FROM / / TO / /	____ OF ____
LOAN DATE	LENDER NAME	LOAN AMOUNT	
	STREET APT		
<input type="checkbox"/> Check if Bank Loan	CITY - STATE ZIP	\$	
LOAN DATE	LENDER NAME	LOAN AMOUNT	
	STREET APT		
<input type="checkbox"/> Check if Bank Loan	CITY - STATE ZIP	\$	
LOAN DATE	LENDER NAME	LOAN AMOUNT	
	STREET APT		
<input type="checkbox"/> Check if Bank Loan	CITY - STATE ZIP	\$	
LOAN DATE	LENDER NAME	LOAN AMOUNT	
	STREET APT		
<input type="checkbox"/> Check if Bank Loan	CITY - STATE ZIP	\$	
LOAN DATE	LENDER NAME	LOAN AMOUNT	
	STREET APT		
<input type="checkbox"/> Check if Bank Loan	CITY - STATE ZIP	\$	
List any loans received during the reporting period. When submitting this schedule to the Board of Elections, a copy of the evidence of indebtedness for each loan must be attached to the statement. If the loan was received from a lending institution, the evidence of indebtedness must include the name and address of any obligor of the loan, or any other person who endorses, co-signs, or otherwise provides security for such loan.		TOTAL THIS PAGE \$	
		SCHEDULE TOTAL Last Page Only \$	

LOAN REPAYMENTS Schedule J

ORIGINAL DATE OF LOAN	LENDER NAME	CHECK NO.	AMOUNT
	STREET APT		
	CITY - STATE ZIP	DATE	\$
ORIGINAL DATE OF LOAN	LENDER NAME	CHECK NO.	AMOUNT
	STREET APT		
	CITY - STATE ZIP	DATE	\$
ORIGINAL DATE OF LOAN	LENDER NAME	CHECK NO.	AMOUNT
	STREET APT		
	CITY - STATE ZIP	DATE	\$
ORIGINAL DATE OF LOAN	LENDER NAME	CHECK NO.	AMOUNT
	STREET APT		
	CITY - STATE ZIP	DATE	\$
ORIGINAL DATE OF LOAN	LENDER NAME	CHECK NO.	AMOUNT
	STREET APT		
	CITY - STATE ZIP	DATE	\$
		TOTAL THIS PAGE	\$
		SCHEDULE TOTAL Last Page Only	\$

LIABILITIES/LOANS FORGIVEN Schedule K

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /	PAGE ____ OF ____
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DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET APT		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET APT		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET APT		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET APT		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET APT		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET APT		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET APT		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET APT		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET APT		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET APT		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET APT		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET APT		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET APT		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP		

COPY OF EVIDENCE FROM VENDOR/LENDER INDICATING FORGIVENESS MUST BE ATTACHED.

TOTAL THIS PAGE	\$
SCHEDULE TOTAL (LAST PAGE ONLY)	\$

EXPENDITURE REFUNDS Schedule L

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES		PAGE
		FROM / / TO / /		____ OF ____
DATE RECEIVED	NAME			ORIG. PAYMENT DATE
	STREET APT			
	CITY / STATE ZIP			AMOUNT \$
DATE RECEIVED	NAME			ORIG. PAYMENT DATE
	STREET APT			
	CITY / STATE ZIP			AMOUNT \$
DATE RECEIVED	NAME			ORIG. PAYMENT DATE
	STREET APT			
	CITY / STATE ZIP			AMOUNT \$
DATE RECEIVED	NAME			ORIG. PAYMENT DATE
	STREET APT			
	CITY / STATE ZIP			AMOUNT \$
DATE RECEIVED	NAME			ORIG. PAYMENT DATE
	STREET APT			
	CITY / STATE ZIP			AMOUNT \$
DATE RECEIVED	NAME			ORIG. PAYMENT DATE
	STREET APT			
	CITY / STATE ZIP			AMOUNT \$
TOTAL THIS PAGE				\$
SCHEDULE TOTAL LAST PAGE ONLY				

CONTRIBUTIONS REFUNDED Schedule M

REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME		AMOUNT REFUNDED
		STREET APT		
		CITY - STATE ZIP		CHECK #
REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME		AMOUNT REFUNDED
		STREET APT		
		CITY - STATE ZIP		CHECK #
REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME		AMOUNT REFUNDED
		STREET APT		
		CITY - STATE ZIP		CHECK #
REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME		AMOUNT REFUNDED
		STREET APT		
		CITY - STATE ZIP		CHECK #
REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME		AMOUNT REFUNDED
		STREET APT		
		CITY - STATE ZIP		CHECK #
TOTAL THIS PAGE				\$
SCHEDULE TOTAL Last page only				\$

OUTSTANDING LIABILITIES Schedule N

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES				PAGE
		FROM / / TO / /				____ OF ____
DATE	NAME	TOTAL ORIG. AMOUNT	PURPOSE CODE	EXPLAIN	AMT. OUTSTANDING	
	STREET		_____			
	APT					
<input type="checkbox"/> CURRENT <input type="checkbox"/> PRIOR	CITY - STATE					
ZIP		\$			\$	
DATE	NAME	TOTAL ORIG. AMOUNT	PURPOSE CODE	EXPLAIN	AMT. OUTSTANDING	
	STREET		_____			
	APT					
<input type="checkbox"/> CURRENT <input type="checkbox"/> PRIOR	CITY - STATE					
ZIP		\$			\$	
DATE	NAME	TOTAL ORIG. AMOUNT	PURPOSE CODE	EXPLAIN	AMT. OUTSTANDING	
	STREET		_____			
	APT					
<input type="checkbox"/> CURRENT <input type="checkbox"/> PRIOR	CITY - STATE					
ZIP		\$			\$	
DATE	NAME	TOTAL ORIG. AMOUNT	PURPOSE CODE	EXPLAIN	AMT. OUTSTANDING	
	STREET		_____			
	APT					
<input type="checkbox"/> CURRENT <input type="checkbox"/> PRIOR	CITY - STATE					
ZIP		\$			\$	
DATE	NAME	TOTAL ORIG. AMOUNT	PURPOSE CODE	EXPLAIN	AMT. OUTSTANDING	
	STREET		_____			
	APT					
<input type="checkbox"/> CURRENT <input type="checkbox"/> PRIOR	CITY - STATE					
ZIP		\$			\$	
DATE	NAME	TOTAL ORIG. AMOUNT	PURPOSE CODE	EXPLAIN	AMT. OUTSTANDING	
	STREET		_____			
	APT					
<input type="checkbox"/> CURRENT <input type="checkbox"/> PRIOR	CITY - STATE					
ZIP		\$			\$	
DATE	NAME	TOTAL ORIG. AMOUNT	PURPOSE CODE	EXPLAIN	AMT. OUTSTANDING	
	STREET		_____			
	APT					
<input type="checkbox"/> CURRENT <input type="checkbox"/> PRIOR	CITY - STATE					
ZIP		\$			\$	
DATE	NAME	TOTAL ORIG. AMOUNT	PURPOSE CODE	EXPLAIN	AMT. OUTSTANDING	
	STREET		_____			
	APT					
<input type="checkbox"/> CURRENT <input type="checkbox"/> PRIOR	CITY - STATE					
ZIP		\$			\$	
DATE	NAME	TOTAL ORIG. AMOUNT	PURPOSE CODE	EXPLAIN	AMT. OUTSTANDING	
	STREET		_____			
	APT					
<input type="checkbox"/> CURRENT <input type="checkbox"/> PRIOR	CITY - STATE					
ZIP		\$			\$	
DATE	NAME	TOTAL ORIG. AMOUNT	PURPOSE CODE	EXPLAIN	AMT. OUTSTANDING	
	STREET		_____			
	APT					
<input type="checkbox"/> CURRENT <input type="checkbox"/> PRIOR	CITY - STATE					
ZIP		\$			\$	
					TOTAL THIS PAGE	\$
					SCHEDULE TOTAL	
					Last Page Only	\$

Purpose of Liability Codes

- | | | | |
|-------|---------------------------------|-------|--|
| CMail | Campaign Mailings | POLLS | Polling Costs |
| CONSL | Campaign Consultant | POSTA | Postage |
| CONSV | Constituent Services | PRINT | Print Ads |
| FUNDR | Fundraising | PROFL | Professional Services |
| LITER | Campaign Literature | RADIO | Radio Ads |
| OFFCE | Office Expenses | RENTO | Office Rent |
| OTHER | Other: Must Provide Explanation | TVADS | Television Ads |
| PETIT | Petition Expenses | VOTER | Voter Registration Materials or Services |
| | | WAGES | Campaign Workers' Salaries |

SUBCONTRACTS Schedule O

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /		PAGE ____ OF ____
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 30%;"> <div>AMT OF CONTRIBUTION</div> <div>\$</div> </div> <div style="width: 60%;"> <div>PARTNERSHIP NAME</div> <div></div> </div> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 30%;"> <div>DATE RECEIVED</div> <div></div> </div> <div style="width: 60%;"> <div>STREET APT</div> <div>CITY - STATE ZIP</div> </div> </div> </div> </div>		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div>PAYEE NAME</div> <div></div> </div> <div style="width: 60%;"> <div>STREET APT</div> <div>CITY - STATE ZIP</div> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div>PARTNER NAME</div> <div> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">LAST</div> <div style="width: 20%;">FIRST</div> <div style="width: 10%;">MI</div> <div style="width: 20%;">AMOUNT ATTRIBUTED</div> <div style="width: 20%;">PREVIOUS AMOUNT</div> </div> <div>STREET APT</div> <div>CITY / STATE ZIP</div> <div style="display: flex; justify-content: space-between;"> <div>\$</div> <div>\$</div> </div> </div> </div> <div style="width: 60%;"> <div>NAME</div> <div>STREET APT</div> <div>CITY / STATE ZIP</div> <div style="display: flex; justify-content: space-between;"> <div>\$</div> <div>AMT ATTRIBUTED</div> </div> <div>CODE</div> <div>— — — — —</div> </div> </div>		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div>PROVIDER OF FINISHED GOODS/SERVICES:</div> <div> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">NAME</div> <div style="width: 20%;">STREET</div> <div style="width: 10%;">APT</div> <div style="width: 20%;">AMOUNT ATTRIBUTED</div> <div style="width: 20%;">PREVIOUS AMOUNT</div> </div> <div>CITY / STATE ZIP</div> <div style="display: flex; justify-content: space-between;"> <div>\$</div> <div>\$</div> </div> </div> </div> <div style="width: 60%;"> <div>NAME</div> <div>STREET APT</div> <div>CITY / STATE ZIP</div> <div style="display: flex; justify-content: space-between;"> <div>\$</div> <div>AMT ATTRIBUTED</div> </div> <div>CODE</div> <div>— — — — —</div> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div>LAST</div> <div>FIRST</div> <div>MI</div> <div>AMOUNT ATTRIBUTED</div> <div>PREVIOUS AMOUNT</div> </div> <div style="width: 60%;"> <div>NAME</div> <div>STREET APT</div> <div>CITY / STATE ZIP</div> <div style="display: flex; justify-content: space-between;"> <div>\$</div> <div>AMT ATTRIBUTED</div> </div> <div>CODE</div> <div>— — — — —</div> </div> </div>		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div>NAME</div> <div>STREET APT</div> <div>CITY / STATE ZIP</div> <div style="display: flex; justify-content: space-between;"> <div>\$</div> <div>AMT ATTRIBUTED</div> </div> <div>CODE</div> <div>— — — — —</div> </div> </div>		
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*** NON CAMPAIGN HOUSEKEEPING RECEIPTS Schedule P**

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATE		PAGE
		FROM / / TO / /		____ OF ____
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET APT			
CHECK #	CITY - STATE ZIP			
			\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET APT			
CHECK #	CITY - STATE ZIP			
			\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET APT			
CHECK #	CITY - STATE ZIP			
			\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET APT			
CHECK #	CITY - STATE ZIP			
			\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET APT			
CHECK #	CITY - STATE ZIP			
			\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET APT			
CHECK #	CITY - STATE ZIP			
			\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET APT			
CHECK #	CITY - STATE ZIP			
			\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET APT			
CHECK #	CITY - STATE ZIP			
			\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET APT			
CHECK #	CITY - STATE ZIP			
			\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET APT			
CHECK #	CITY - STATE ZIP			
			\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET APT			
CHECK #	CITY - STATE ZIP			
			\$	\$
DATE RECEIVED	NAME		AMOUNT	PREV. AMT.
CODE:	STREET APT			
CHECK #	CITY - STATE ZIP			
			\$	\$
			TOTAL THIS PAGE	\$

CODE:

IND = INDIVIDUAL

CORP = CORPORATE

PART = PARTNERSHIP: Partnerships which contribute over \$2500.00 total, must further define in Schedule O.

COMM = POLITICAL COMMITTEE

**Complete this summary
on your last page only!**

* This schedule to be used only by party or constituted committee.

①	TOTAL ITEMIZED CONTRIBUTIONS	\$
②	TOTAL UNITEMIZED CONTRIBUTIONS	\$
③	Schedule Total	\$

* NON-CAMPAIGN HOUSEKEEPING EXPENSES Schedule Q

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /		PAGE ____ OF ____
		DO NOT report Transfers Out:		
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE ZIP			\$
TOTAL THIS PAGE				\$

Expenditure Purpose Codes (use on Schedule Q only)

- RENTO Office Rent
- UTILS Utilities
- PAYRL Payroll
- POSTA Postage
- PROFL Professional Services
- OFEXP Office Expenses
- MAILS Mailings
- OTHER Other: Provide Explanation
- VOTER Voter Registration Materials or Services

**Complete this summary
on your last page only!**

①	TOTAL ITEMIZED EXPENDITURES	\$
②	TOTAL UNITEMIZED EXPENDITURES	\$
③	Schedule Total	\$

* This schedule to be used only by party or constituted committee.

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES		
		FROM / / TO / /		

SUMMARY OF RECEIPTS / EXPENDITURES

1. **OPENING BALANCE** – must be the same as line 7 of your previous report \$ _____

2. CONTRIBUTIONS

2a) Schedule A - Individuals - total \$ _____

2b) Schedule B - Corporations - total \$ _____

2c) Schedule C - Other - total \$ _____

2d) Schedule D - In-kind - total \$ _____

2e) Total Contributions (add 2a through 2d) \$ _____

3. MISCELLANEOUS RECEIPTS

3a) Schedule E - Other receipts - total \$ _____

3b) Schedule G - Transfers in - total \$ _____

3c) Schedule I - Loans received - total \$ _____

3d) Schedule L - Expenditure refunds - total \$ _____

3e) Schedule P - Housekeeping receipts - total \$ _____

3f) Total Miscellaneous Receipts (add 3a through 3e) \$ _____

4. **TOTAL RECEIPTS THIS PERIOD (add 2e and 3f)** \$ _____

5. **TOTAL (add line 1 and line 4)** \$ _____

6. EXPENSES

6a) Schedule F - Expenditures/Payments - total \$ _____

6b) Schedule D Total (Offset) \$ _____

6c) Schedule H - Transfers out - total \$ _____

6d) Schedule J - Loans repaid - total \$ _____

6e) Schedule M - Contribution refunds - total \$ _____

6f) Schedule Q - Housekeeping expenses - total \$ _____

6g) TOTAL Expenses this period (add 6a through 6f) \$ _____

7. **BALANCE AT END OF PERIOD (subtract line 6g from line 5)** \$ _____

